

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL086002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/18/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COLONIAL LONG TERM CARE FACILITY

340 SNOWHILL DRIVE  
MOUNT AIRY, NC 27030

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report of a Biennial Construction Survey by Ed Miller on June 18, 2015.  Records indicates this facility was first licensed or submitted in 1966 as a HA. The facility is currently licensed for 54 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the current 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1958 Edition, of the North Carolina Building Code(s), Institutional Occupancy.  Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. Based on record review, and interview with Assistant Administrator of the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on June 18, 2015: a. The Manager indicated that the Annual Fire Alarm Inspection and Testing System Report, in accordance with NFPA 72, was not available for review.	C 111	CONSTRUCTION SECTION AUG 07 2015 RECEIVED  Inspections were performed Copies will be forwarded	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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If continuation sheet 1 of 12

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C 132	<p>Bathrooms-Must Provide Privacy</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(e) The requirements for bathrooms and toilet rooms are:</p> <p>(5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to ensure that plumbing fixtures, like toilets, tubs and showers, are designed to provide privacy in group settings.</p> <p>Findings on June 18, 2015:</p> <p>a. There was no privacy provide at the plumbing fixtures in the Group Bathrooms throughout the facility.</p>	C 132	<p>Partitions will be constructed to the ceiling between water closets and curtains provided for the front. Curtains will be installed for the bathtubs.</p>	45 days
C 148	<p>Corridors-Handrails</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are:</p> <p>(2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this</p>	C 148	<p>Handrails have been inspected and tightened or repaired. Maintenance employee will inspect monthly for loose or damaged handrails</p>	

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C 148	Continued From page 2  unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on June 18, 2015: a. The handrail was loose near Bedroom 18.	C 148		
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect all residents, staff and visitors by exposing them to unpleasant environment. Findings on June 18, 2015: a. Bedroom 202 had a strong urine odor that persisted during the Construction Survey. i. Toilet Room between Bedroom 1 and 3,  2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings kept clean and in good repair. Findings on June 18, 2015: a. Bedroom 9 walls need cleaning. b. The ceiling was stained in the Storage Room in the Dining Room from a past leak. c. In most of the Bedroom Closet on the right there were many spider webs.	C 164	Urine odor in bedroom 202 and toilet between bedroom 1 and 3 has been identified and eliminated. Housekeeping personnel will inspect and clean as needed each hour of the day.  Bedroom 9 walls were cleaned and will be inspected daily by the housekeeping staff. Ceiling has been painted in the dining room storage room. Maintenance staff will inspect ceiling for stains weekly. Closets have been cleaned of spider webs and will be inspected weekly by housekeeping staff.	

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C 164	Continued From page 3  3. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on June 18, 2015: a. The connection of the commode to the floor was loose in Bathroom near Bedroom 22.  4. Based on Observation, the Building was not kept clean and in good repair, because some building components are broken. This could affect all residents, staff and visitors if a component does not work properly or is missing limiting use of equipment/spaces. Findings on June 18, 2015: a. The corridor door's kickplate to Bathroom near bedroom 8 had been damaged creating exposed sharp edges.	C 164	Commode will be tightened. All facilities will be maintained on a monthly basis by the maintenance staff.  Kick plate to bathroom near bedroom 8 will be replaced. Maintenance staff will inspect kick plates monthly for damage.	10 days
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not	C 166	All HVAC grilles and radiation dampers will be cleaned and inspected. Maintenance staff will inspect and clean if needed on a quarterly basis.	30 days

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C 166	Continued From page 4  close completely to contain the fire within the room of origin. Findings on June 18, 2015: a. The HVAC grilles, ventilation grilles, and their radiation dampers have an excessive accumulation of dust/lint. Locations of specific examples include but are not limited to: i. Return in corridor near Bedroom 5, ii. Ladies (staff) iii. Gentlemen (staff)	C 166		
C 183	Fire Extinguishers  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on June 18, 2015: a. Through-out the building, including the "K" extinguisher in the kitchen, there was no documentation of the portable fire extinguisher's monthly inspections on the annual maintenance tags since being maintained in March 2015.	C 183	Fire extinguishers have been inspected and documented. Maintenance staff will inspect and document on a monthly basis. The Administrator will also check fire extinguisher documentation on a monthly basis	
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR	C 185	Fire rehearsals for the 3rd & 4th quarter	

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Will be forwarded with this report.

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C 185	Continued From page 5  EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Record review and interview with Manager the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when a there is a need to evacuate the building. Findings on June 18, 2015: 1. There was no documentation of third and fourth quarter rehearsals for the last twelve months. 2. The fire plan rehearsal records provided only a limited description of what the rehearsal involved	C 185	A more extensive description of fire rehearsals will be performed in the future.  Administrator will review quarterly to assure compliance	
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing	C 189		

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C 189	<p>Continued From page 6</p> <p>facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Building was not maintained in a safe and operating condition, because the exit signs, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency.</p> <p>Findings on June 18, 2015:</p> <p>a. With the Firewall doors closed, the Exit is not visible and on both sides of the Firewall there were no exit signs directing you to exit through the door.</p> <p>b. The exit sign did not work on backup power when the test button was pushed at the left Living Room Exit.</p> <p>c. The exit sign from the left corridor into the left Living Room did not have its chevrons graphics directing you to the Living Room exit.</p> <p>d. The exit sign from the left corridor into the left Living Room was having one a face plate falling off and the tape was not holding.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm.</p> <p>Findings on June 18, 2015:</p> <p>a. The heat detector in Bathroom near Bedroom 10 had what looked like a heat/soot stain and may not function properly.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition,</p>	C 189	<p>All exit signs will be repaired or replaced with appropriate graphics. Exit signs will be inspected by maintenance staff monthly and documented.</p> <p>Heat detector in bathroom near bedroom 10 will be replaced to assure proper function. Heat detectors will be inspected monthly by maintenance staff.</p>	<p>30 days</p> <p>30 days</p>

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C 189	<p>Continued From page 7</p> <p>because the electrical lighting system was not being operated or maintained safely, providing reliable illumination. This could affect all residents, staff and visitors if walking areas and drives are not properly illuminated, warning of tripping hazards or obstructions.</p> <p>Findings on June 18, 2015:</p> <p>a. The left exit had an exterior light fixture missing its top, making it difficult to keep rain out of the fixture and directing the light to the walking area.</p> <p>b. The front porch had an exterior light fixtures near front door missing its top, and was half full of dead bugs and no light bulb.</p> <p>c. The light fixture was not providing illumination of the Storage Room in Dining.</p> <p>d. The middle light fixture on the front porch was not providing illumination.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination.</p> <p>Findings on June 18, 2015:</p> <p>a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the Nurse Station.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to</p>	C 189	<p>The light fixtures mentioned in a,b,c,d will be replaced by appropriate fixtures and to provide adequate illumination. Maintenance staff inspect light fixtures on a monthly basis.</p> <p>The emergency light near the nurse's desk will have battery replaced and ensure functioning properly. Maintenance staff will inspect and document monthly the emergency lights.</p>	<p>30 days</p> <p>15 days</p>



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C 189	Continued From page 8  operate properly when needed. Findings on June 18, 2015: a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in March 2015, there has been no record keeping of the monthly inspections.  6. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on June 18, 2015: a. Several portable medical oxygen cylinders were stored standing up not secured to the structure. Locations of specific examples include but are not limited to: i. Laundry, ii. Corridor to Laundry.  7. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin Findings on June 18, 2015: a. The corridor door to Bedroom 18 had broken veneers that could not support its latch bolt.  8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all	C 189	The kitchen's hood fire extinguisher has been inspected and documented. Maintenance will inspect the kitchen's hood fire extinguisher and document monthly. Administration will inspect documentation monthly. Oxygen cylinders will be stored in a rack in an outside building. Housekeeping will assure oxygen cylinders will be stored properly by promptly taking each cylinder to storage area.  The door frame on bedroom 18 will be repaired or replaced so as it	

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latch. 30 days

Doors to bedrooms will be inspected by maintenance on a monthly basis to assure

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WH0X21 *Acid fast* grilles: continuation sheet 10 of 12

All gaps Band will be filled with fire rated caulk.

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C 189	<p>Continued From page 10</p> <p>assembly Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>i. Bedroom 21</li> <li>ii. Bedroom 22,</li> <li>b. Unprotected penetration though the fire-resistance-rated ceiling of the Boiler Room,</li> <li>c. The Front Porch ceiling had unprotected gap around a cable penetration.</li> <li>d. The Storage Room in the Dining Room had a 1 1/2 inch hole in fire resistance rated ceiling assembly.</li> <li>e. In the Kitchen around the Hood controls there was a 1/4 inch hole in fire resistance rated ceiling assembly.</li> <li>f. The Supply Closet near bedroom had a 1 inch hole in fire resistance rated ceiling assembly.</li> <li>g. In the Storage Room under the Back Porch near the Kitchen the ceiling was missing in area and had fallen down in other areas.</li> <li>h. The exhaust fan grille did not completely cover the hole through the ceiling at the following locations to include but not limited to:               <ul style="list-style-type: none"> <li>i. Toilet Room between Bedroom 1 and 3,</li> <li>ii. Bathroom near Bedroom 8,</li> <li>iii. Gentlemen Toilet Room (staff)</li> <li>iv. Mop Room</li> </ul> </li> <li>i. The exhaust fan grille had dropped and did not completely cover the hole through the ceiling in the Bathroom near Bedroom 12.</li> </ul> <p>11. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained. This would affect all staff, by allowing unsafe conditions to persist. Findings on June 18, 2015:</p> <ul style="list-style-type: none"> <li>a. There was a "telephone cable" running in the corridor door opening, interfering with the proper closing of the door to the Dining Room.</li> <li>b. The clothes dryer exhaust was missing its</li> </ul>	C 189	<p>Maintenance staff will inspect monthly for gaps that occur around cables, grilles and other objects</p> <p>Telephone cable will be rearranged as to go through the wall so that the dining room door will close properly. Maintenance 30 days</p>	

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VH0X21 will inspect all corridor doors monthly to assure easy closure

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C 189	<p>Continued From page 11</p> <p>backdraft damper to keep vermin out.</p> <p>c. The resident in Bedroom 21 uses about 20 feet of string to tie the door knob to the handrail when he leaves his room. When he is in the room the string remains hanging on the door knob and someone could lock him in his room.</p> <p>12. Based on Observation, the facility failed to maintain electrical fixtures in a safe manner. This would affect all residents, staff and visitors by exposing them to equipment in disrepair. Findings on June 18, 2015: a. The globe to the light fixture above the sink was missing at the following locations to include but not limited to: i. Toilet Room between Bedroom 1 and 3,</p> <p>13. Based on Observation, the facility failed to provide necessary equipment to ensure clean potable water supply. Findings on June 18, 2015: a. The shampoo sink in the Beauty Shop had a hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p>	C 189	<p>The clothes dryer exhaust will have a backdraft installed.</p> <p>Maintenance will monitor monthly to assure proper function.</p> <p>The string around the door knob of bedroom 21 has been removed. An inservice has been given to all residents on the dangers of such devices locking them in their room.</p> <p>All bathrooms will be inspected to assure globes are present with light fixture. Globes that are missing will be replaced.</p>	30 days

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The shampoo sink in the beauty shop is not in use. the hose will be removed to prevent backsiphonage.

30 days

### Quality Assurance / Continuous Quality Improvement Log of Activity

Date of Meeting

12-4.14

### Members Present

## Cloement Drill

## Fire Drill

**Members Absent**

Presenter - Kim Payne.

Topic Reviewed / Discussed	Presenter
Peggy Crain	
Faye Tate	
Michael Tate	
Nancy Hunticks	
Jessica Love	
Jessica Medina	
Sandy M. Hendricks	
Amy Pike	
Samantha Hendrick	
TERRY DAVIS	
Harmony Parnish	
Carolyn Dierke	
Sandy G. Hendricks	
Algebra May	
Patricia Hyslop	
Sybil B. Birch	
Liza James	

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## Quality Assurance / Continuous Quality Improvement Log of Activity

**Date of Meeting**

8-14. 14

### Members Present

Faye Ista, Samantha Hendricks  
Carolyn George, Pamela Bassich, Peggy Crain  
Sandy G Hendricks, Paula Brine N. Naringthasakul  
Sandy M Hendricks Lipette Branch

**Members Absent**

[illegible]

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8833UE00

# Fire Alarm Inspection and Testing Report

## EMERGENCY COMMUNICATIONS EQUIPMENT

Visual Functional

Comments

Phone Set  
Phone Jacks  
Off-Hook Indicator  
Amplifier(s)  
Tone Generator(s)  
Call-In Signal  
System Performance

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## COMBINATION SYSTEMS

Visual Device Operation Simulated Operation

Fire Extinguisher Monitoring Device/System  
Carbon Monoxide Detector/System  
(Specify) \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## INTERFACE EQUIPMENT

Visual Device Operation Simulated Operation

## SPECIAL HAZARD SYSTEMS

Visual Device Operation Simulated Operation

(Specify) \_\_\_\_\_  
(Specify) \_\_\_\_\_  
(Specify) \_\_\_\_\_

(Specify) \_\_\_\_\_  
(Specify) \_\_\_\_\_  
(Specify) \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedure: \_\_\_\_\_

Comments: \_\_\_\_\_

## SUPERVISING STATION MONITORING

Yes No

Time

Comments

Alarm Signal  
Alarm Restoration  
Trouble Signal  
Supervisory Signal  
Supervisory Restoration

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

8:10

+

## NOTIFICATIONS THAT TESTING IS COMPLETE

Yes No

Time

Who

Building Management  
Monitoring Agency  
Building Occupants  
Other (Specify) \_\_\_\_\_

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

15:00

15:00

Who  
1700  
TYCO

The following did not operate correctly (See Service Job): \_\_\_\_\_

Service Job#: 81965400

System restored to normal operation: Date: \_\_\_\_\_

Time: \_\_\_\_\_

On monitored alarm systems, I tested, and if necessary, connected the telephone line seizure feature to ensure it is working correctly.  
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

☐ Yes ☐ No

Name of Inspector: Joey Coall

Date: 9-12-2014

Time: 15:00

Signature: Joey Coall

Date: 9-12-2014

Time: 15:00

Name of Owner or Representative: \_\_\_\_\_

Signature: \_\_\_\_\_





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# Fire Alarm Inspection and Testing Report

## PRIOR TO ANY TESTING

### NOTIFICATIONS ARE MADE

	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tico	8:00
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rest Home / MON	8:00
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>		

## SYSTEM TESTS and INSPECTIONS

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	

## SECONDARY POWER

Type	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lead Voltage		<input type="checkbox"/>	13.2 Charging
Discharge Test		<input type="checkbox"/>	
Charger Test		<input type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

## TRANSIENT SUPPRESSORS

## REMOTE ANNUNCIATORS

## NOTIFICATION APPLIANCES

Type	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1 Hall
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hand Stroke
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

## INITIATING and SUPERVISORY DEVICE TESTS and INSPECTIONS

Loc. & S/N	Device Type	Visual	Functional	Factory Setting	Measured Setting	Pass	Fail
21, 22	Smoke	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
23, 24, 25	Hearts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
21, 22	MRA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: 1 Smoke N/W Hall didn't work, 10 hearts did not work 24 Kitchen Area Reported call except one heart in Dining.



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## Fire Alarm Inspection and Testing Report

## ALARM NOTIFICATION APPLIANCES and CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
0			Bells
1		1	Horns
			Chimes
1			Hand/Strobes
			Speakers
			Other (Specify):

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity? ☒ Yes ☐ No

## SUPERVISORY SIGNAL-INITIATING DEVICES and CIRCUIT INFORMATION

Qty of Devices Installed	Circuit Style	Qty of Devices Tested		Qty of Devices Installed	Circuit Style	Qty of Devices Tested	
/			Building Temp.	/			Fire Pump/Pump Controller Trbl
			Site Water Temp.				Fire Pump Low Fuel
			Site Water Level				Generator In Auto Position
			Fire Pump Power				Generator or Controller Trouble
			Fire Pump Running				Switch Transfer
			Fire Pump Auto Position				Generator Engine Running
			Other (Specify):				

## SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system:

Quantity: \_\_\_\_\_ Style(s): \_\_\_\_\_

See NFPA 72 section for Protected Premises Fire Alarm Systems, Performance of Signaling Line Circuits (SLC), table for Performance of Signaling Line Circuits for Class and Style

## SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage: 120V Amps: \_\_\_\_\_

Overcurrent Protection: Type: \_\_\_\_\_ Amps: \_\_\_\_\_

Location (of Primary Supply Panelboard): \_\_\_\_\_

Disconnecting Means Locations: \_\_\_\_\_

(b) Secondary (Standby): 25.2V DC Storage Battery: Amp-Hr. Rating: 7.2

Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours

Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

Location of fuel storage: \_\_\_\_\_

## BATTERY TYPE

☐ Dry Cell ☐ Nickel-Cadmium ☒ Sealed Lead-Acid ☐ Lead-Acid ☐ Other (Specify): \_\_\_\_\_

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply

☐ Emergency system described in NFPA 70, Article 700: ☐ Legally required standby described in NFPA 70, Article 701:

☒ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701:

# Fire Alarm Inspection and Testing Report



Date: 9.12.2014

Time: 12:00

Inspection Job #: 81359198

## SERVICE ORGANIZATION

Name: Tyco Integrated Security

Address: WS

Representative: Joey Call

License No: 1091-USA

Telephone: 330-745-9188

## PROPERTY NAME (USER)

Name: Colonial Care Rest Home

Address: 340 Snowhill Dr, Mt. Airy

Owner Contact: Billy Payne

Telephone: 336-352-4363

## MONITORING ENTITY

Contact: TYCO

Telephone: 800-289-2647

Monitoring Account Ref No (CS#): H023721206

## APPROVING AGENCY

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

## TYPE TRANSMISSION

☐ McCulloch

☐ Multiplex

☒ Digital

☐ Reserve Priority

☐ RF

☐ Other (Specify): \_\_\_\_\_

☐ AlarmNet

☐ Telular

☐ AAGard

## SERVICE

☐ Weekly

☐ Monthly

☐ Bimonthly

☐ Quarterly

☐ Semiannually

☒ Annually

☐ Other (Specify): \_\_\_\_\_

Control Unit Manufacturer: ESC

Circuit Styles: 1500 5 Zone

Number of Circuits: \_\_\_\_\_

Software Rev.: \_\_\_\_\_

Last Date System Had Any Service Performed: \_\_\_\_\_

Last Date that Any Software or Configuration Was Revised: \_\_\_\_\_

Model No: \_\_\_\_\_

## ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices  
Installed

Circuit Style

Quantity of Devices  
Tested

3

2 wire

3

6

6

58

58

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): \_\_\_\_\_

Alarm verification feature is:

☒ Disabled

☐ Enabled